

**STUDENT APPLICATION FORM (Incomings)**



Please attach a recent passport photograph

(OPTIONAL)

ACADEMIC YEAR OF EXCHANGE: .....
Last name: .....
First name: .....

HOME INSTITUTION	
Institution: .....	Erasmus ID Code: .....
Coordinator: .....	Tel.: .....
Contact: .....	E-mail: .....

HOST INSTITUTION	
Hochschule für Musik FRANZ LISZT Weimar	
Erasmus ID Code: D WEIMAR02	Tel. Tran: +49 3643 555198
Coordinator: Ly Tran	Tel. Breidenbach +49 3643 555182
Contact: Katharina Breidenbach	E-mail: erasmus@hfm-weimar.de

PERIOD OF STUDY	
From ..... to .....	Duration (months) .....

STUDENT	
Family name: .....	First name(s): .....
Date of birth: .....	Place of Birth: .....
Age: .....	Nationality: .....
Sex: Male Female Divers	Permanent address (if different):
Current address: .....	.....
.....	.....
.....	.....
Current address is valid until .....	.....
Tel.: + .....	Tel.: + .....
Fax: + .....	Fax: + .....
E-mail: .....	E-mail: .....

CURRENT STUDIES (at Sending Institution)	
Field of Education:	
Study programme: .....	
Principal study subject: .....	
Pursued degree: .....	
Study year: <input type="checkbox"/> 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/> 4 <sup>th</sup> year <input type="checkbox"/> 5 <sup>th</sup> year	

Professor in main field of study: .....

Please attach a transcript including full details of current higher education study.  
 Details not known at the time of application should be provided at a later stage.

<b>DESIRED COURSES AT RECEIVING INSTITUTION</b>			
<b>Course Component code (if any)</b>	<b>Course component title (as indicated in the course catalogue) at Receiving Institution</b>	<b>Semester (winter / summer)</b>	<b>Number of ECTS to be awarded by Receiving Institution upon successful completion</b>
<b>Total number of ECTS</b>			

Link to the course catalogue: see website  
 Please notice that a final Learning Agreement is to be created via the portal <https://learning-agreement.eu/> or PDF after acceptance by the host institution.

<b>TEACHER AT HOST INSTITUTION</b>
Preferred Professor at Host Institution for main subject (if applicable)
1. ....
2. ....

<b>LANGUAGE SKILLS</b>
Mother tongue: .....
Please indicate your language skills other than mother tongue:
1) Language: ..... Fluent      Good      Moderate      Limited      None
2) Language: ..... Fluent      Good      Moderate      Limited      None
3) Language: ..... Fluent      Good      Moderate      Limited      None

<b>AUDITION</b>
YouTube Link (your own performance):

<b>DOCUMENTS TO ATTACH WITH APPLICATION</b>
Transcript of records
Letter of motivation
Curriculum vitae
Learning Agreement